

**CANDIDATE OATH  
JUDICIAL OFFICE**

SUPERVISOR OF ELECTIONS  
SARASOTA COUNTY FLORIDA

2022 APR 26 PM 3:25

FILED FOR RECORD  
SARASOTA COUNTY

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

OFFICE USE ONLY

**Candidate Oath**

(Section 105.031, Florida Statutes)

I, **Phyllis Rogers Galen**

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box  (see page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the judicial office of **County Judge**  **12**  
(Office) (District #) (Circuit #)

**1** ; my legal residence is **Sarasota**  County, Florida; I am a qualified elector  
(Group #)

of the state and of the territorial jurisdiction of the court to which I seek election; I am qualified under the Constitution and the Laws of Florida to hold the judicial office to which I desire to be elected or in which I desire to be retained; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

**Section 876.05, Florida Statutes, oath** (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the court system and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): **100081462**

**Phonetic spelling for audio ballot:** Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

**fill-is rah gers g ail en**

**Phyllis Rogers Galen** (941) 861-3050 pgalen@jud12.flcourts.org  
Signature of Candidate Telephone Number Email Address

**Post Office Box 19361** **Sarasota** **FL** **34276**  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF **Sarasota**

**Amy Lynn Potter**  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of  
online notarization  OR physical presence

this **26** day of **April**, 20**22**

Personally Known  OR Produced Identification

Type of Identification Produced: **FL DRIVER LICENSE**

